

<b>United States Bankruptcy Court Northern District of Illinois, Western Division</b>						<b>Voluntary Petition</b>																					
Name of Debtor (if individual, enter Last, First, Middle): <b>Skaja, Robert T.</b>				Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Skaja, Sally A.</b>																							
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>None</b>				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): <b>None</b>																							
Last four digits of Soc.Sec.No./Complete EIN or other Tax ID No. (if more than one, state all): <b>3967</b>				Last four digits of Soc.Sec.No./Complete EIN or other Tax ID No. (if more than one, state all): <b>9017</b>																							
Street Address of Debtor (No. and Street, City, and State) <b>827 Dartmoor Drive Crystal Lake, IL</b>				Street Address of Joint Debtor (No. and Street, City, and State) <b>827 Dartmoor Drive Crystal Lake, IL</b>																							
ZIPCODE <b>60014</b>				ZIPCODE <b>60014</b>																							
County of Residence or of the Principal Place of Business: <b>Mchenry</b>				County of Residence or of the Principal Place of Business: <b>Mchenry</b>																							
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):																							
ZIPCODE				ZIPCODE																							
Location of Principal Assets of Business Debtor (if different from street address above):						ZIPCODE																					
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below)  _____		<b>Nature of Business</b> (Check <b>one</b> box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  _____ <b>Tax-Exempt Entity</b> (Check box, if applicable)  <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code)		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding																							
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Check one box: Chapter 11 Debtors</b> <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D) <input type="checkbox"/> Debtor is not a small business as defined in 11 U.S.C. § 101(51D) <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2 million <b>Check all applicable boxes</b> <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one of more classes, in accordance with 11 U.S.C. § 1126(b).																									
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.  <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						<b>THIS SPACE IS FOR COURT USE ONLY</b>																					
<b>Estimated Number of Creditors</b> <table style="width:100%; border-collapse: collapse;"><tr><td style="text-align: center;">1- 49</td><td style="text-align: center;">50- 99</td><td style="text-align: center;">100- 199</td><td style="text-align: center;">200- 999</td><td style="text-align: center;">1000- 5000</td><td style="text-align: center;">5,001- 10,000</td><td style="text-align: center;">10,001- 25,000</td><td style="text-align: center;">25,001- 50,000</td><td style="text-align: center;">50,001- 100,000</td><td style="text-align: center;">OVER 100,000</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></table>								1- 49	50- 99	100- 199	200- 999	1000- 5000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	OVER 100,000	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1- 49	50- 99	100- 199	200- 999	1000- 5000	5,001- 10,000			10,001- 25,000	25,001- 50,000	50,001- 100,000	OVER 100,000																
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
<b>Estimated Assets</b> <table style="width:100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input type="checkbox"/> \$0 to \$10,000</td><td style="text-align: center;"><input type="checkbox"/> \$10,000 to \$100,000</td><td style="text-align: center;"><input checked="" type="checkbox"/> \$100,000 to \$1 million</td><td style="text-align: center;"><input type="checkbox"/> \$1 million to \$100 million</td><td style="text-align: center;"><input type="checkbox"/> More than \$100 million</td></tr></table>						<input type="checkbox"/> \$0 to \$10,000	<input type="checkbox"/> \$10,000 to \$100,000	<input checked="" type="checkbox"/> \$100,000 to \$1 million	<input type="checkbox"/> \$1 million to \$100 million	<input type="checkbox"/> More than \$100 million																	
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<b>Estimated Liabilities</b> <table style="width:100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input type="checkbox"/> \$0 to \$50,000</td><td style="text-align: center;"><input type="checkbox"/> \$50,000 to \$100,000</td><td style="text-align: center;"><input checked="" type="checkbox"/> \$100,000 to \$1 million</td><td style="text-align: center;"><input type="checkbox"/> \$1 million to \$100 million</td><td style="text-align: center;"><input type="checkbox"/> More than \$100 million</td></tr></table>						<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,000 to \$100,000	<input checked="" type="checkbox"/> \$100,000 to \$1 million	<input type="checkbox"/> \$1 million to \$100 million	<input type="checkbox"/> More than \$100 million																	
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<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		<b>Document Page 2 of 11</b> Name of Debtor(s): <b>Robert T. Skaja &amp; Sally A. Skaja</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>Rockford, IL</b>	Case Number: <b>03-75561</b>	Date Filed: <b>10/24/2003</b>	
Location Where Filed: <b>N.A.</b>	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>NONE</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<b>Exhibit A</b>  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b>  (To be completed if debtor is an individual whose debts are primarily consumer debts)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.  <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> <u>/s/ Richard T. Jones</u>                          Signature of Attorney for Debtor(s)                     </div> <div>                         _____                          Date                     </div> </div>	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)  <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.  <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Statement by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes)  <input type="checkbox"/> Landlord has a judgment for possession of debtor's residence. (If box checked, complete the following.)  <div style="text-align: center; margin-bottom: 10px;">                         _____                          (Name of landlord or lessor that obtained judgment)                     </div> <div style="text-align: center; margin-bottom: 10px;">                         _____                          (Address of landlord or lessor)                     </div> <input type="checkbox"/> Debtor claims that under applicable non bankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and  <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		<b>Document</b> Page 3 of 11 Name of Debtor(s): <b>Robert T. Skaja &amp; Sally A. Skaja</b>
<b>Signatures</b>		
<p style="text-align: center;"><b>Signature(s) of Debtor(s) (Individual/Joint)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.                  [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.                  [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by § 342(b) of the Bankruptcy Code.</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X</b> <u>/s/ Robert T. Skaja</u>                  Signature of Debtor</p> <p><b>X</b> <u>/s/ Sally A. Skaja</u>                  Signature of Joint Debtor</p> <p>_____                  Telephone Number (If not represented by attorney)</p> <p>_____                  Date</p>	<p style="text-align: center;"><b>Signature of a Foreign Representative of a Recognized Foreign Proceedings</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign main proceeding, and that I am authorized to file this petition.</p> <p>(Check only <b>one</b> box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached.</p> <p><input type="checkbox"/> Pursuant to § 1511 of title 11 United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p><b>X</b> _____                  (Signature of Foreign Representative)</p> <p>_____                  (Printed Name of Foreign Representative)</p> <p>_____                  (Date)</p>	
<p style="text-align: center;"><b>Signature of Attorney</b></p> <p><b>X</b> <u>/s/ Richard T. Jones</u>                  Signature of Attorney for Debtor(s)  <b>RICHARD T. JONES 6184629</b>                  Printed Name of Attorney for Debtor(s)</p> <p>_____                  Firm Name  <b>138 Cass Street</b>                  Address  <b>Post Office Box 1693 Woodstock, Illinois 60098</b></p> <p><u>(815) 334-8220</u>                  Telephone Number</p> <p>_____                  Date</p>	<p style="text-align: center;"><b>Signature of Non-Attorney Petition Preparer</b></p> <p>I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, 2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.</p> <p>_____                  Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____                  Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>_____                  Address</p> <p><b>X</b> _____                  Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.</p> <p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.</i></p>	
<p style="text-align: center;"><b>Signature of Debtor (Corporation/Partnership)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X</b> _____                  Signature of Authorized Individual</p> <p>_____                  Printed Name of Authorized Individual</p> <p>_____                  Title of Authorized Individual</p> <p>_____                  Date</p>		

Official Form 1, Exhibit D (10/06)

**UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois, Western Division**

In re Robert T. Skaja & Sally A. Skaja  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

**Official Form 1, Exh. D (10/06) – Cont.**

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.]**[Summarize exigent circumstances here.]* \_\_\_\_\_

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**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.]* *[Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Robert T. Skaja  
ROBERT T. SKAJA

Date: \_\_\_\_\_

Official Form 1, Exhibit D (10/06)

**UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois, Western Division**

In re Robert T. Skaja & Sally A. Skaja  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

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☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

**Official Form 1, Exh. D (10/06) – Cont.**

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☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.]* *[Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Joint Debtor: /s/ Sally A. Skaja  
SALLY A. SKAJA

Date: \_\_\_\_\_

<p>Aetna 11100 Wayzata Blvd #400 Minnetonka, MN 55305</p>	<p>American Radiological Serv. Post Office Box 1207 Toledo, OH 43622</p>	<p>Brian Overmyer, DDS 184 E. Myoria Court Crystal Lake, IL 60014</p>
<p>Capital One 1957 Westmoreland Road Post Office Box 26094 Richmond, VA 23260-6094</p>	<p>Capital One c/o GC Services 6330 Gulfton Houston, TX 77081</p>	<p>Capital One c/o NCO Financial 507 Prudential Road Horsham, PA 19044</p>
<p>Caring Family 781 McHenry Avenue Crystal Lake, Illinois 60014</p>	<p>Caring Family c/o ACC International 919 Estes Court Schaumburg, IL 60193-4427</p>	<p>Centegra Mem. Med. Center c/o ACC International 919 Estes Court Schaumburg, IL 60193-4427</p>
<p>Centegra Mem. Med. Center c/o HR Accounts 7017 John Deere Pkwy Moline, IL 61265</p>	<p>Centegra Memorial Medical Center Post Office Box 1990 Woodstock, Illinois 60098</p>	<p>Chrysler Financial 901 Warrenville Rd., #500 Lisle, IL 60532-4319</p>
<p>Cingular Wireless c/o Bureau of Collection Recovery 7575 Corporate Way Eden Prairie, MN 55344</p>	<p>Cingular Wireless c/o ER Solutions, Inc. Post Office Box 9004 Renton, WA 98057</p>	<p>Cingular Wireless Post Office Box 6428 Carol Stream, Illinois 60197-6428</p>
<p>Citibank Post Office Box 6003 Hagerstown, MD 21747-6003</p>	<p>City of Crystal Lake 100 West Municipal Complex Post Office Box 597 Crystal Lake, IL 60039-0597</p>	<p>Crystal Lake Medical &amp; Sports Rehab 330 W. Terra Cotta, #D Crystal Lake, IL 60014</p>
<p>Dharmvir S. Verma, MD 616 Route 31 McHenry, Illinois 60050</p>	<p>Dharmvir S. Verma, MD c/o Certified Services, Inc. Post Office Box 177 Waukegan, IL 60079-0177</p>	<p>Donald B. Chinlund, DDS 77 E. Crystal Lake Avenue Crystal Lake, IL 60014</p>
<p>Great Lakes Lawn &amp; Landscape c/o NCO Financial/55 Post Office Box 13570 Philadelphia, PA 19101</p>	<p>Greater Elgin Emergency Spec. c/o Creditors Collection Bureau Post Office Box 63 Kankakee, IL 60901-0063</p>	<p>Greater Elgin Emergency Spec. Post Office Box 88335, Dept. 2045 Carol Stream, IL 60188-0335</p>
<p>Household Bank Post Office Box 81622 Salinas, CA 93912-1622</p>	<p>IL Dept. of Employment Security Benefit Payment Control Div. Post Office box 6996 Chicago, Illinois 60680</p>	<p>IL Dept. of Employment Security c/o GC Services 6330 Gulfton Houston, TX 77081</p>
<p>Illinois Dept. of Revenue Bankruptcy Section Post Office Box 64338 Chicago, IL 60664-0338</p>	<p>K/M Sales &amp; Services 124 W. Moors Street Hancock, WI 54943</p>	<p>Lake/McHenry Pathology Assoc. 520 East 22nd Street Lombard, Illinois 60148</p>
<p>McHenry Co. Orthopedics 420 North Illinois Route 31 Crystal Lake, Illinois 60012-3718</p>	<p>McHenry Co. Orthopedics c/o Dependence Collection Serv. Post Office Box 6074 River Forest, IL 60305-6074</p>	<p>McHenry County Collector 2200 North Seminary Avenue Woodstock, IL 60098</p>



<p>Mercy Physician Services c/o Key Financial Post Office Box 6216 Madison, WI 53716-0216</p>	<p>Case 07-70232 Doc 1 Filed 02/02/07 Entered 02/02/07 11:56:58 Desc Main Document Page 9 of 11</p>	<p>Mercy Pysician Serv. Post Office Box 6216 Janesville, WI 53547-8188</p>	<p>MHS Physicians c/o NCO Financial Services Post Office Box 6216 Madison, WI 53716-0216</p>
<p>MHS Physicians Post Office Box 5081 Janesville, WI 53547-5081</p>		<p>Midwest Lakes Medical Ctr. 690 Terra Cotta Avenue, #D Crystal Lake, Illinois 60014</p>	<p>Moraine Emergency Phys. c/o NCO Financial 507 Prudential Road Horsham, PA 19044</p>
<p>Moraine Emergency Phys. c/o OSI Collection Serv. Post Office Box 964 Brookfield, WI 53008-0964</p>		<p>Moraine Emergency Physicians Post Office Box 8759 Philadelphia, PA 19101-8759</p>	<p>Nicor Post Office Box 2020 Aurora, Illinois 60507-2020</p>
<p>Northwest Suburban Imaging 34659 Eagle Way Chicago, Illinois 60678</p>		<p>Option One Mortgage Attn: Mailstop DB-AM 6501 Irvine Center Dr. Irvine, California 92618</p>	<p>Option One Mortgage c/o Kluever &amp; Platt 65 E. Wacker Place, Ste. 2300 Chicago, IL 60601</p>
<p>Orchard Bank Post Office Box 17051 Balitmore, MD 21297-1051</p>		<p>ORS/Aetna Post Office Box 291269 Nashville, TN 37229</p>	<p>Quest Diagnostics c/o American Med. Collection Agency 2269 S. Saw Mill River Rd., #3 Elmsford, NY 10523</p>
<p>Quest Diagnostics Post Office Box 64500 Baltimore, MD 21264-4500</p>		<p>Sherman Hospital 934 Center Street Elgin, Illinois 60120</p>	<p>Sports Physical Therapy &amp; Rehab Spec. 3915 30th Avenue Kenosha, WI 53144-1957</p>
<p>St. Joseph Hospital 77 North Airlite Street Elgin, Illinois 60123</p>		<p>St. Joseph Hospital c/o MRSI 2250 E. Devon Ave., #352 Des Plaines, IL 60018</p>	<p>Surgical Assoc. of Fox Valley 690 E. Terra Cotta Ave., #A Crystal Lake, Illinois 60014-3605</p>
<p>TCF Bank 800 Burr Ridge Parkway Burr Ridge, Illinois 60521</p>		<p>TCF Bank c/o Professional Acct. Mgmt. Post Office Box 391 Milwaukee, WI 53201-0391</p>	<p>Town Square Anesthesia 520 E. 22nd Street Lombard, Illinois 60148</p>
<p>Town Square Anesthesia c/o KCA Financial Services Post Office Box 53 Geneva, IL 60134</p>		<p>TruGreen ChemLawn c/o General Revenue Corp. 325 Daniel Zenker Dr. Horseheads, NY 14845</p>	<p>Woodstock Imaging Assoc. 520 E. 22nd Street Lombard, Illinois 60148</p>

**UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois, Western Division**

In re Robert T. Skaja & Sally A. Skaja ,  
Debtor

Case No. \_\_\_\_\_

Chapter 13

**VERIFICATION OF LIST OF CREDITORS**

I hereby certify under penalty of perjury that the attached List of Creditors which consists of 2 pages, is true, correct and complete to the best of my knowledge.

Date \_\_\_\_\_

Signature  
of Debtor

/s/ Robert T. Skaja

ROBERT T. SKAJA

Date \_\_\_\_\_

Signature  
of Joint Debtor

/s/ Sally A. Skaja

SALLY A. SKAJA

B203  
12/94

**United States Bankruptcy Court**  
Northern District of Illinois, Western Division

In re Robert T. Skaja & Sally A. Skaja

Case No. \_\_\_\_\_

Chapter 13

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ 3,000.00

Prior to the filing of this statement I have received ..... \$ 500.00

Balance Due ..... \$ 2,500.00

2. The source of compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in the bankruptcy proceeding.

\_\_\_\_\_  
Date

/s/ Richard T. Jones  
\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Name of law firm